

Application for Anchoring Permit

| Applicant/Owner's Name: | | ARK | |
|--|----------------|-------------------------------------|------------|
| Street/Address: | | | |
| City/State/Zip Code: | SE SE | KVICE | |
| Telephone Number: | | | |
| Homeport/Marina: | 3 | Supplied | |
| Vessel Name: | | | |
| Documentation No: | | Expires: | |
| Registration No: | | Expires: | |
| Type of Vessel: | Make: | Model: | |
| Physical Description: Length: | To the interio | | |
| | | | |
| | | | |
| The applicant by his or her signatur false or misleading information or fa | | on given is complete and correct, a | nd that no |
| | | | |

2100 Church Street #100, St. Croix VI 00820

Fax (340) 719-1791

Phone (340) 773-1460